

ELECTRICAL PERMIT APPLICATION

Inspections Division
201 W. 5th St.
FAX (252) 329-4424



DATE: _____ PERMIT #: _____

Electrical Contractor: _____ Phone #: _____

License #: _____ Email: _____

JOB ADDRESS: _____

Owner: _____ Phone #: _____

SQUARE FOOTAGE..... _____

NO. OF OUTLETS..... _____

CHANGE OF SERVICE..... _____

MOBILE HOME / OFFICE TRAILER SERVICES..... _____

TEMPORARY SERVICE POLE..... _____

SIGNS (ELECTRICAL)..... _____

SWIMMING POOLS (ELECTRICAL)..... _____

MINIMUM (MUST DESCRIBE WORK)..... _____

Description of work: (Be specific for equipment and location of work performed)

Applicant: _____